



Complete Summary

TITLE

Menopause and hormone therapy (HT): collaborative decision-making and management: percentage of women in menopause who have had a bone mineral density (BMD) measurement a year after cessation of HT.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Menopause and hormone therapy (HT): collaborative decision-making and management. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 64 p. [198 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women in menopause who have had a bone mineral density (BMD) measurement a year after cessation of hormone therapy (HT).

RATIONALE

The priority aim addressed by this measure is to increase the percentage of women with appropriate follow-up to cessation of hormone therapy (HT).

PRIMARY CLINICAL COMPONENT

Menopause; hormone therapy (HT); bone mineral density (BMD) measurement

DENOMINATOR DESCRIPTION

Total number of women in the medical group's practice in menopause who have discontinued hormone therapy (HT) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of women in menopause receiving a bone mineral density (BMD) measurement a year after cessation of hormone therapy (HT)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Initial management of abnormal cervical cytology \(Pap smear\) and HPV testing.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

More women than ever before will be entering menopause as the "baby boomer" generation ages. By the year 2020, the number of perimenopausal women will almost double to 40 million.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Menopause and hormone therapy (HT): collaborative decision-making and management. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 64 p. [198 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Women who are in menopause and have discontinued hormone therapy (HT)

Select a randomized sample of the eligible population for data collection. The suggested sample size for each medical group is at least 10 charts each month.

The medical record of each woman is reviewed to determine if the woman is in menopause and had discontinued HT.

The suggested time frame for data collection is a calendar month.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of women in the medical group's practice* in menopause** who have discontinued hormone therapy (HT)

*"In the medical group practice" is defined as a woman who has been seen two or more times by the medical group (including office visits and urgent care).

**A woman is diagnosed as having menopause if 1) she has had complete cessation of menses for one year, 2) premature menopause, or 3) surgical-, chemotherapy-, or radiation-induced menopause, or 4) if younger than average, or continuation of regular menses, and has a positive follicle stimulating hormone (FSH) and/or estradiol lab test. This would correspond to patients with diagnosis codes V49.81, 256.31, 256.2 and 627.x and Current Procedure Terminology (CPT) codes 80418, 80426, and/or 82670.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of women in menopause receiving a bone mineral density (BMD) measurement a year after cessation of hormone therapy (HT)

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

The percentage of women in menopause who have had a bone mineral density (BMD) measurement a year after cessation of HT.

MEASURE COLLECTION

[Menopause and Hormone Therapy \(HT\): Collaborative Decision-Making and Management Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Work Group Members: John M. Wilkinson, MD (Work Group Leader) (Mayo Clinic) (Family Medicine); Mary Amon, MD (Family Practice Medical Center) (Family Medicine); Donald Deye, MD (Allina Medical Clinic) (Internal Medicine); Dale Akkerman, MD (Park Nicollet Health Services) (Ob/Gyn); Andrew Good, MD (Mayo

Clinic) (Ob/Gyn); Richard Kopher, MD (HealthPartners Medical Group) (Ob/Gyn); June LaValleur, MD (University of Minnesota Physicians) (Ob/Gyn); Jodi A. Chaffin, RPh (HealthPartners Medical Group) (Herbal Resource Pharmacist) (Pharmacy); Sharon MacDonald (Patient Representative); Sylvia Robinson, BSN, MBA (Institute for Clinical Systems Improvement) (Implementation/Measurement Advisor); Linda Setterlund, MA (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

ICSI has adopted a policy of transparency, disclosing potential conflict and competing interests of all individuals who participate in the development, revision and approval of ICSI documents (guidelines, order sets and protocols). This applies to all work groups (guidelines, order sets and protocols) and committees (Committee on Evidence-Based Practice, Cardiovascular Steering Committee, Women's Health Steering Committee, Preventive & Health Maintenance Steering Committee and Respiratory Steering Committee).

Participants must disclose any potential conflict and competing interests they or their dependents (spouse, dependent children, or others claimed as dependents) may have with any organization with commercial, proprietary, or political interests relevant to the topics covered by ICSI documents. Such disclosures will be shared with all individuals who prepare, review and approve ICSI documents.

June LaValleur, MD is a member of the speakers bureau for Merck.

No other work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at www.icsi.org.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Oct

REVISION DATE

2008 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Menopause and hormone therapy (HT): collaborative decision-making and management. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Oct. 63 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Menopause and hormone therapy (HT): collaborative decision-making and management. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 64 p. [198 references]

MEASURE AVAILABILITY

The individual measure, "The Percentage of Women in Menopause Who Have Had a Bone Mineral Density (BMD) Measurement a Year After Cessation of HT," is published in "Health Care Guideline: Menopause and Hormone Therapy (HT): Collaborative Decision-Making and Management." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on January 19, 2005. This NQMC summary was updated by ECRI Institute on October 25, 2005, December 11, 2006, and again on November 26, 2008.

COPYRIGHT STATEMENT

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

© 2009 National Quality Measures Clearinghouse

Date Modified: 2/2/2009

